

**FAMILY SUPPORT:
PREVENTING OUT-OF-HOME PLACEMENT**

A Thesis Submitted to

**The School of Social Work
Faculty of Graduate Studies and Research**

McGILL UNIVERSITY, MONTREAL

in Partial Fulfilment of the Requirements
for
The Master's Degree in Social Work

by

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August 1994

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ABSTRACT

Efforts to keep children in their own homes when they are found to be at risk within the meaning of child protection legislation have resulted in the creation of family preservation programs. Typically, these services are crisis-oriented. Short-term, intensive work with families is offered with a goal of maintaining the child in his or her own home. A family support program which provides these services in the anglophone community of Montreal was examined.

The data for this qualitative study were obtained through indepth interviews with the program staff and through an examination of agency files. The findings suggest that service is limited to those families who are assessed to be motivated--that is compliant with the objectives of the program and accepting of the intensive nature of the service. The interventions focus on individual parenting, most often the mother's parenting. For the workers, the dual role of support and scrutiny is managed within a relationship of trust.

The findings further indicate that families who are experiencing severe problems, often related to alcoholism, family violence and extreme poverty are not served by this program.

RESUME

Les programmes pour garder les enfants en milieu familial lorsqu'ils sont à risque concentrent leurs efforts pour prévenir le placement de ces enfants en danger selon la Loi sur la Protection de la Jeunesse. Par leur nature, ces services sont utilisés en situations de crise. Le travail à court terme est intensif et a pour objectif de garder l'enfant dans son milieu naturel. Un programme offrant ce genre de services aux familles de la communauté anglophone de Montréal a été mis à l'étude.

Les données concernant cette étude qualitative ont été recueillies lors d'entrevues avec les membres de l'équipe du programme ainsi que lors d'une étude des dossiers de l'agence. Les données indiquent que le service est offert aux familles qui sont motivées par rapport aux objectifs et qui acceptent la nature intensive du programme. Les interventions se concentrent sur le rôle de parent et plus fréquemment sur celui de la mère. Pour les travailleuses, leurs doubles rôles d'appui et de surveillance se font dans une relation de confiance.

De plus, les recherches indiquent que les familles comportant de sérieux problèmes comme l'alcoolisme, violence familiale et pauvreté sévère ne peuvent accéder à ce programme.

ACKNOWLEDGEMENT

I would like to thank the staff of the family support program at Ville Marie Child and Youth Protection Centre in Montreal for their willingness to participate in this study. The strong commitment they demonstrate to their work with these vulnerable clients was always evident. Furthermore, their perceptions and ideas were key to my understanding of this subject.

My advisor, Professor Karen Swift, was a great source of support. Her comments and questions were always thought-provoking.

Finally, I would like to thank my family--especially my two teenage children for their patience and understanding.

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CHAPTER 1

Family preservation and the prevention of out-of-home placement are considered to be the preferred outcome when children are found to be at risk within the meaning of child protection legislation. The mandate to ensure the safety of children should be carried out with the least-intrusive measures. Thus the child's right to be protected and cared for must be guaranteed while respecting the integrity of the family unit.

The mandate to protect children assumes a right to enter into the private domain of the family and to make judgments about what parents are doing. These judgments may result in actions that can alter the membership and functioning of the family (Callahan, 1993).

This thesis is based on a qualitative study of a family support program, one of several family preservation programs that serve the anglophone community in Montreal. The paper is set out in the following way: The first chapter describes the theoretical framework of family preservation practice and includes a review of the literature relevant to this subject. Chapter 2 offers a methodological account of the study. The third and fourth chapters comprise an analysis of the data, which includes an analysis of the program itself, and an interpretation of the nature of the working relationship that develops between worker and client in child protection work, particularly in the area of family preservation services. My conclusions are presented in the final chapter.

INTRODUCTION

When I recall my initial experiences as a child protection worker, in my early 20s, I am reminded of my will to rescue children from their unfortunate circumstances and find a good family to raise them. As my supervisor taught me to keep these impulses in check, I began to recognize the strengths of many of the families I came to know. Nevertheless, I entered the lives of these mothers, as young and inexperienced as I was, as an expert with explicit authority to make decisions to place their children and disrupt their families. Although their lives were often characterized by poverty, typified by substandard and crowded housing conditions and dismally low incomes, their determination to care for their children was evident. The threat of placement usually provoked profound resistance on the part of the mother. When I became a mother myself, I came to a deeper understanding of the difficulties these women faced as they struggled to care for their children with limited resources and few supports. Placing children as a solution to these problems seemed more punishing than protective.

Social work skills in the placing of children have been highly developed. There is a distinctive body of knowledge pertaining to separation of the child from his/her family (Bryce, 1978). How to place children with a minimum of trauma to them is well articulated in the literature and in

practice (Falconer & Swift, 1983; Steinhauer, 1991).

What's more, the work of placing children is visible and quantifiable. Placements provide valuable statistics for funding. The work of providing services to families in their own homes is, on the other hand, invisible, certainly not quantifiable and generally undervalued. It often takes place in the privacy of a family home. When the work is successful the children remain at home. The worker has given support and counselling; she may have advocated for additional services that were not readily available to the family. She has talked to the mother, shared her experience and knowledge (Callahan, 1993). But when a crisis arises that results in the placement of the children, her work becomes visible. She must arrange for appropriate placements, initiate legal proceedings either through the youth court or voluntary measures. She must place the children, most likely in emergency shelters until more suitable resources are found. She must deal with angry parents, or search for absent ones. She may have to refer them to drug or alcohol rehabilitation or detox centres. She may have to make a police report. She must support the children through the crisis that separation from their mothers provokes. She may feed and cuddle an upset infant. However, the essential work of preventing placement and maintaining children in their own homes remains concealed and unnoticed. And the practice skills necessary to do this work in the family's home are not well-articulated.

Many children enter placement by default. It has long been felt that a large number of placements could be avoided if appropriate supports were available to families (Tracy, 1991). Family preservation services are an attempt to address this issue. The prevention of the unnecessary placement of a child is the goal of such programs. Services to prevent placement and preserve the family unit are thus provided in order to keep children in their own homes safely.

With the exception of those cases where there is an imminent danger of injury or harm, the relative hazards of leaving a child in a less than adequate situation as opposed to removing him/her to an uncertain and impermanent placement must be assessed (Steinhauer, 1991). Placement as a solution, may in itself pose greater risk to the child's security and development than does the inadequacy of the family.

THE FAMILY AND MOTHERS

Feminist approaches to child welfare are explicit in pointing out that it is women who are responsible for child care, both within the family and in the community (Meyer, 1985; Callahan, 1993). Callahan and Meyer both suggest that women pay a high price for caring for children. Their work is underpaid and devalued. Among those women, single mothers are the poorest and most vulnerable (Evans, 1991). Forty-four percent of single-mother-led families live below the poverty line (Callahan, 1993).

There is a link between the financial vulnerability of mothers and the well-being of their children. Most children who are referred to child protection agencies are born of poor single women (Callahan, 1993; Swift, 1991). Poor mothers do not have the financial resources to provide adequate food, clothing and housing for their children. As a result, their children are often neglected. Callahan (1993) reports on a study done in British Columbia that revealed that 95% of the single-parent families whose children were placed in care had an income less than \$20,000 per year. More than 52% of these children were removed from the care of their mothers due to neglect.

Thus the family we come to know in child protection is led by a single mother with one or more children, who is financially impoverished and often without social supports. The child welfare system deals primarily with mothers: it judges them and polices them. It intrudes in their mothering. It threatens mothers with the removal of their children to substitute care based on what they **do** to or **do not do** for their children. Even when a child has been sexually abused by her father, it is the mother who is subject to investigation with regard to her ability to prevent further abuse, not to mention her presumed complicity in the abuse itself. As Wilkinson (1986, p.94) states: 'child welfare history...reflects a system of supervising and regulating the role of mothers'.

Child neglect is primarily an issue of poverty, most often the poverty of mothers. But not all poor mothers are neglectful. Those who enjoy a network of kin and neighbours who are able to offer support and friendship are more likely to provide well for their children (Werner & Smith, 1982). The solutions lie not in attributing responsibility and blame to mothers, but in creating resources and services to support women in their mothering work. The well-to-do have a wide variety of services within their purchasing grasp, services that relieve them of many of the stresses of mothering (Callahan, 1993). But poor women must often rely on a social service system that offers a minimum of support and that is likely to hold them personally and individually responsible for their children. Hutchison (1992) suggests that current child welfare practice focuses on policing family-life, rather than creating resources to enhance family caregiving. Attention is given to individual deficiencies, most often those of the mother.

However, the recent emergence of family preservation services in the field of child welfare affirms the value of maintaining children in their own homes. A feminist approach to family preservation practice must include an analysis of the mother's poverty, her motherwork and her almost exclusive responsibility for child care. How do family preservation services support her in her mothering and affirm her strengths? Or does the intrusion into her life only serve to

reinforce her feelings of vulnerability, her sense of powerlessness and absence of choice?

WHAT ARE FAMILY PRESERVATION SERVICES?

Family preservation programs are explicitly designed to prevent the out-of-home placement of children who are at imminent or high risk of placement. Services are provided in the home, offering both concrete and psychological services and focusing on the family as the unit of intervention. Services are generally given in response to a crisis--the placement risk--and are short-term (three to six months in duration) and intensive. Basic to family preservation programs is the belief that children should remain with their parents, most often their mothers. Family strengths (as opposed to family or individual pathology or a history of past difficulties) are recognized (Grigsby, 1993).

Defining 'imminent risk of placement' is a complicated process, dependent on a number of factors. The worker's individual assessment of the risk, the supervisor's judgment, the agency's policy and community standards all contribute to this definition. The criteria for defining risk of placement are not clearly elaborated and are subject to varying interpretations. Tracy (1991) points out, for example, that the recent death of a child in his or her own home due to neglect or abuse may lead to an increase in the number of children who are assessed to be at risk. On the other hand,

an injury to a child in foster care may result in fewer placements--workers may be more cautious about removing children from the care of their parents when a child has been abused or injured in care. Decisions regarding placement also depend largely on the availability of placement resources, just as the decision to leave a child in his or her own home may depend on the availability of in-home resources. Such responses illustrate the capricious nature of the decision-making process around placements.

Family preservation services are designed to respond to the crisis that this ill-defined 'imminent risk of placement' presents to the family. Children are referred when a person in authority has concluded that placement plans must begin unless increased services are provided in the home. The short-term and intensive nature of the involvement with the family is based on crisis intervention theory. The crisis provoked by the imminent risk of placement presents a 'window of opportunity' for growth and change in the family system. Families are open to outside help and benefit more from it during this period than they do during periods of stability (Grigsby, 1993; Dore, 1991). Crisis intervention theory also suggests that families and individuals (mothers and children) will be able to cope on their own after the crisis passes, that is without the intensive services that were provided. The behaviours and coping mechanisms introduced during the crisis will become part of the family's repertoire

of skills needed to deal with future problems.

However, for some families the ability to cope may depend on the availability of ongoing and sustained support. Thus two questions arise. Does the mandate to keep children in their own homes extend beyond the short-term crisis nature of the existing services? And further, does a family have to be in crisis to benefit from intensive support services in the first place?

THE EVOLUTION OF FAMILY PRESERVATION SERVICES

Family preservation practice, while broadly based on the value of the family, and the rights and responsibilities of parents to care for their children, is theoretically grounded in the significance of the mother-child attachment and the risk to the child's development when the continuity of care is disrupted, as so clearly described by Goldstein, Freud and Solnit (1979). Family preservation programs recognize the importance of this relationship and through home-based, family-centred services, strive to maintain it. The mother-child relationship and other attachment relationships provide the context for the child's growth and development (Grigsby, 1993).

A second, but no less significant premise basic to family preservation practice is the importance of the biological tie. Laird as quoted by Maluccio, Fein and Olmstead (1986) enunciates this clearly. For Laird, the guiding principal in

child welfare practice is the goal of maintaining the biological family tie in the child's life:

Every effort is thus made to support the family, to enhance its functioning, and to avoid separation and placement. When separation is necessary, the importance of the family continues to be recognized through active efforts to maintain family ties, to support shared parenting by biological and foster parents, and to work, wherever possible, toward reuniting the family. (in Maluccio et al, 1986, p.7)

The work of Maluccio and his colleagues on permanency planning and the importance of the biological tie provides a solid grounding for policy on family preservation programs. As they state:

Ultimately a truly effective network of home-based services is the best means of going beyond permanency planning by preventing removal of children from their own homes in the first place. (Maluccio et al, 1986, p.11)

Risks of Placement

As Hepworth (1985, p.145) states: 'Substitute care means what it says, second best, the best that can be hoped for in the circumstances'. For the children who experience it and for their families, particularly their mothers, placement presents risks and may begin a legacy of problems that manifest themselves in adulthood. While the human costs are apparent, financial costs are important to consider as well.

First I will consider the risks to children. For young children, the most profound and immediate effect of placement

is the disruption of the primary-attachment relationship. This primary attachment during the first years of life is crucial to the child's development and sets the stage for future relationships (Steinhauer, 1991). Although the child's ability to cope with the severing of the relationship with his/her primary attachment figure varies, all children experience some degree of anxiety and upset on separation. Goldstein et al, (1979) refer to the need for continuity of relationships. A child's growth and development and, most importantly, his/her ability to form new significant attachments are seriously impaired by separation from his/her attachment figure. This impairment is even more profound when the initial separation is followed by multiple placements. The risks to children vary depending on many factors, including their age and stage of development, as well as the quality of the primary attachment. Nevertheless all children experience distress and anxiety, and the uncertainty that inevitably follows initial separation contributes to that distress (Steinhauer, 1991).

Children who come to the attention of child protection authorities are thus in double jeopardy. They are at risk in their own homes; and the placement solution itself, is accompanied by risk. Their own mothers are deemed to be inadequate in their ability to care for them. They have been neglected or abused. Their mothers, most often in the absence of their fathers, may be overwhelmed by the responsibilities

of caring for them, and may wish to abandon this responsibility. It is clear that many such children are already damaged by the deprivation they experience in their home life, including substandard housing and poor nutrition. Regardless of the details of their neglect or mistreatment, they are among the most vulnerable of children. However, placement as a solution to this dilemma may contribute to the problem, rather than resolve it. Grigsby (1993, p.21) states:

...the decision to remove a child from the family in order to 'protect' the child, must be weighed against the possibility of traumatizing the child in the process of out-of-home placement...Whereas foster care placement is a partial solution to the problem of neglect or abuse, the placement itself is accompanied by its own set of negative consequences.

The goal of foster care is almost always the return of the child to his or her natural environment. But many children experience multiple placements. Some are sexually or physically abused in care, mistreated by the service that was designed to protect them. They are often separated from siblings and lose contact with other family members, if not their parents. None of these events are planned. All are recognized as harmful to the well-being of children. But within the existing child protection system, the best efforts of workers, supervisors and administrators cannot avert them.

Children are not the only casualties of the placement experience. As McFadden (1985, p. 596) states 'placement is a crisis for the entire family system.' She points out that

little attention has been given to the impact of separation on other family members. Parents, other children, grandparents and extended family members all experience loss during separation.

Mothers are especially vulnerable when their children are placed. Not only do they experience grief and sadness associated with the separation from their children, but they are blamed for the problems that led to the placement and often blame themselves. The causes of neglect and the responsibility for it are almost always attributed to the mother and to her failure to parent adequately (Swift, 1991). Thus mothers experience a personal identity crisis as their ability to mother is challenged and fragmented.

Mothers are often assessed by child protection workers as being self-determining, as individuals experiencing personal problems. Obstacles that limit their opportunities to make choices are generally absent from the analysis. They are variously described as inadequate, hopeless, unmotivated and rejecting. In a survey of 125 journal articles, 72 different kinds of psychopathology were attributed to mothers (Caplan & Hall-McCorquodale, 1985). Neglectful mothers, too, are pathologized and blamed, and assessed to be candidates for treatment (Swift, 1991). The absent father is rarely considered.

In addition to dealing with these issues, a mother dependent on the welfare system for financial support will

understandably experience loss of income while her children are placed. The financial benefits she receives are largely targetted for the care of her children. Placement may, for example, result in a loss of housing--her reduced income may not allow her to maintain the same living arrangements. This inevitably adds to the difficulty she will have in planning for the return of her children to her care (Swift, 1991).

Finally, the costs of substitute care are an important consideration. The cost of providing substitute care for children eats up a large percentage of the child welfare budget. In the province of British Columbia, for example, a review of the costs of care during a three-year period (1978-81) showed that 65% of the total child welfare budget was used to care for 8,700 children in care, while the remaining 35% covered the costs of providing service to 25,000 children in their own homes (Callahan, 1985, p.23). Bryce (1978, p.18) posits: would we be bold enough to spend the money used to place one child on resources for the entire family in the community?

Origins of home based services:

Home visiting has been a part of child protection practice since its beginnings. The purpose of home visits has traditionally been two-fold and perhaps contradictory--to evaluate the risks to children in their own homes and to offer services to eliminate that risk--surveillance and support, might best describe the worker's role. The state, through

its mandated workers was to ensure that children were properly cared for by their families. Failing that, the state provided substitute care for children who could not remain at home. Foster family care was considered to be the substitute placement of choice, the family viewed as the most nurturing and natural environment in which to raise children (Swift, 1991).

Formal family preservation programs began to emerge in the United States in the mid '70s. The increasing numbers of children in care, the high costs associated with such care and concern about its harmful effects are among the reasons preventive services came to the forefront of the child welfare field in the 1980s. The identification of foster care drift and the belief that some placements could be prevented were also contributing factors (Jones, 1985; Schwartz, AuClaire & Harris, 1991; Pecora, 1991).

One of the first family preservation programs to gain prominence, the Homebuilders, was established in Tacoma, Washington in 1974. This program, like many others which have followed it, offers short-term intensive treatment to families that have a child who is at imminent risk of placement (Pecora, Fraser & Haapala, 1991). Caseloads are limited to two families, and workers are available to them 24 hours a day. A wide range of services are provided, both concrete and therapeutic--among them--life skills, home management, budget training, advocacy. Homebuilders is a

private agency which accepts referrals from public child protection services. As well as the identified risk of placement, families must be motivated to accept intensive services and committed to keeping the family together.

While family preservation services are characterized by an emphasis on preventing family dissolution by offering a broad array of services, both psychological and concrete, several American studies have shown that the provision of concrete, practical help may be more effective than more sophisticated psychological services (Berry, 1993; Frankel, 1988; Spaid, Fraser & Lewis, 1991). Clients have also rated service in the home and practical help as more beneficial than help in expressing feelings or understanding behaviour (Bryce, in Frankel, 1988). Kohlert and Pecora (1991) found that providing concrete services contributed to establishing important therapeutic relationships. Berry (1993) concluded that families were best served and more likely to remain intact when financial help was provided to relieve the economic stresses that many of these families face. In addition, efforts to improve the physical conditions of the home by making it cleaner and safer were associated with success in preventing placement. She points out that poor physical conditions are visible and tangible indicators of the family environment and often influence placement decisions. It may be concluded that little is gained by providing counselling and psychological services when the family's basic

needs for food, clothing and shelter are not met.

Other family preservation programs have broadened their mandate to include the goal of reuniting already-placed children with their families of origin (Schwartz, 1991; Tracy, 1991; Frankel, 1988). These families are selected for services based on an assessment that the child's successful return home depends on intensive support services.

Frankel (1988) suggests that smaller caseloads, allowing more intensive services may be more effective in preventing placement regardless of the services provided. Jones (1985) speculates that just 'being there', that is the mere presence of a person on the job, available to the family for support, is a significant factor in successful outcomes. Further, she recommends a 'preventive maintenance' approach to prevention work. She states:

The implications of such an approach are that intensity can rise and fall based on the needs of the case; the service boundaries are permeable so families can easily enter, leave, and reenter; and the emphasis of the service program is upon 'being there', providing continuity, and serving as a resource to the family, rather than upon providing a time-limited, goal-oriented service, and closing the case. (Jones, 1985, p.143)

Jones suggests the importance of 'being there' and providing back-up resources and services rather than enhancing interpersonal and parenting skills warrant increased attention in this arena.

THE CHALLENGES OF FAMILY PRESERVATION WORK

It may be assumed that family preservation services with the stated goal of preventing placement and maintaining the integrity of the family unit address the problems of the most vulnerable of children within the child welfare system--those who are living at home but judged to be at high risk of placement. Like most child protection service, contradictions abound. Workers in this arena are challenged to find ways to keep children safely in their own homes, children who are assessed to be at high risk. They must supervise the mother's care of the child, and offer support without judging or blaming her. Their work for a public government agency takes place within the privacy of the family home. The work that evolves may be highly personal and intimate, yet it is carried out within the boundaries of the legal mandate of child protection legislation.

Another apparent contradiction surfaces in considering the voluntary nature of the service. Families must demonstrate a willingness to participate in the program. On the other hand, their refusal to accept service may result in the placement of their child. For the agency, the service is described as voluntary, but the family's failure to comply with the service plan may lead to initiating placement plans.

The delicate balance between support and surveillance, caring and policing is a particularly relevant context of the work that is carried out by workers in this arena. The

intensity of the work may lead to increased support for the mother; however, the increased surveillance may also lead to new disclosures and reveal additional risk factors that could compromise the child's remaining at home. Schuerman, Rzepnicki and Littell (1991) suggest that family preservation services may serve a case-finding function. The intensive work means that families are observed more closely. Intensive services may also be introduced to a family in order to gain concrete evidence of neglect required for court proceedings in order to support a plan to place a child. These are among the dilemmas the child protection worker faces. The work is full of complexities and contradictions.

THE RESEARCH QUESTIONS

How effective is short-term, intensive intervention in relieving the placement risk? In considering the intensive nature of the service, how do the workers reconcile their often contradictory roles of both helping families and policing behaviour? Is long-term, sustained support to a vulnerable mother and her children worth the effort in protecting children at high risk?

The data for this study were obtained from an examination of agency files and through interviews with family support staff (three family support workers and the program social worker) who provide crisis services to children at high risk of placement.

CHAPTER 2

METHODOLOGY

Qualitative research, (also known as field research or ethnography) encompasses methods which are not statistically based, but by which the researcher learns about her or his subjects through first-hand observation, in-depth interviewing and by reviewing documents and files. Such techniques have their roots in social anthropology, with its emphasis on studying social life in its natural setting (Finch, 1986). In contrast to quantitative research methods which Finch describes as hard, objective and rigorous--words generally associated with male attributes--qualitative methods are seen as soft, subjective and speculative, metaphors more often associated with women than with men. That these masculine characteristics are more highly valued is reflected in the preponderance of research that emphasizes this kind of objectivity (Smith & Noble-Spruell, 1986).

Qualitative research looks for meanings rather than causes. Finch points out that it seeks to uncover meaning from the actor's or subject's point of view, in her or his social world. Its distinctive features concern matters of both research techniques and epistemology. Participant observation and interviewing are techniques employed by the researcher. The epistemology on which this method is based, emphasizes understanding meanings from the perspective of the actor. Rather than testing hypotheses through empirical

means, it is a research method that attempts to make sense out of the subject's reality.

A feminist perspective in social research is part of a critical tradition in social science research that has grown out of a disillusionment with positivism (Smith & Noble-Spruell, 1986). Positivist researchers emphasize objectivity--the researcher remains detached, neutral and objective. They attempt 'to measure precisely things about people, and test hypotheses by carefully analyzing numbers from the measures' (Neuman, 1991, p.46). But as Harding (1987) states, feminist researchers recognize the importance of including their own experiences. Their cultural beliefs and practices become part of the data. She points out that these beliefs and practices shape the analysis of the data, and their inclusion strengthens the objectivity of the research.

Although there is agreement that feminist researchers need to address women's issues based on feminist theory, Smith and Noble-Spruell (1986) suggest that feminist research cannot limit itself to an explicitly defined method:

The distinctiveness of feminist research does not lie in any one aspect of the research process and certainly not in any one research method, but is a constellation of factors, all of which value women and women's perspectives both as researchers and respondents. (Smith & Noble-Spruell, 1986, p. 146)

THE RESEARCH PROCESS

Ethnography or qualitative research is oriented to the

study of a social situation, from the inside out (Watts, 1985). While the scope of ethnography may include a wide range of social situations--from a complex society, with numerous communities and organizations, to a single social situation--the study I am undertaking can be described as a micro-ethnographic study within an institution (Spradley, 1980). It seeks to understand the experiences of workers who are part of a small family support program within a large child protection agency--its goal is preventing the out-of-home placement of children.

Although, the family support program I have chosen to study is not well-known to me, the agency itself is. As an experienced worker in the field of child welfare and child protection, my inside knowledge of the setting, the issues faced by workers in this area, and the language they use to describe their work, is well-founded.

During the beginning stages of the research, I conducted an informal interview with the program coordinator who is responsible for this and other family preservation services in the agency. Through this interview and perusing agency memoranda and documents describing these services, I began to gather some information about the program. My familiarity with the youth protection law and with the agency's policy and procedures enabled me to proceed through the initial stages of the research with relative ease.

Later, I received permission from the agency to have

access to agency files and to interview staff. The program coordinator provided me with a list of families who had received family support services during the past two years. I perused 45 children's files at three different locations in order to gather demographic data for a research assignment I was doing. (Some of these data are presented here). I also read several files more thoroughly in order to gain a fuller picture of the kinds of problems that were dealt with in this service. The four staff members involved in the program agreed to be interviewed with the understanding that they would not be identified in the study.

THE PURPOSE OF THE STUDY

The family support program is one of several intensive family support services whose focus is to maintain children at home and avoid placement. Staff are employed by the child protection agency. The family support program is described as providing services to pre-adolescent children by a team of a social worker and a family support worker. The family support workers are not professionally trained social workers, but have particular skills in the area of child care and behaviour management of children. The services are crisis-oriented and short-term, that is three months in duration, with the possibility of extending services for an additional three months. Staff maintain flexible working hours in order to be accessible to clients. Families must be willing to be

involved in the program and must be given the choice to accept these services or plan for placement (Ville Marie Memorandum, 1992).

The intervention model in family support is theoretically grounded in crisis theory, as described in Chapter 1. This theoretical framework suggests that families are open to learning new coping skills and are responsive to clinical interventions during crises. It assumes that these coping mechanisms, once learned, can be sustained when the crisis is passed. Such a framework may imply deficiencies in the family, especially if these new skills are not learned.

The method of helping families in the family support program, like most child protection intervention, is in fact a treatment model that incorporates a notion of deficiency or inadequacy. In my experience in the child protection area, 'the mother's inadequacy' or 'inability to cope' have been cited frequently by workers, myself among them, to legitimize the agency's continued intervention in the life of the family.

The child protection agency is mandated to provide services to families to safeguard the care of children when parents fail to meet their basic needs. The intervention of the state is a last resort. Policy is based on a premise that individuals and families ought to be able to manage on their own. State intervention in one's personal or family life is exceptional and often associated with presumed failure on the part of the parents.

My interest in services to families has grown as I have come to a personal realization that all women in their role as mothers and caretakers of children need ongoing, sustained support; and, that their needing this support ought not to reflect negatively on them. But when children are found to be at risk within the meaning of child protection legislation, it is their mothers who have been assessed, investigated and ultimately held responsible. The mother becomes the subject of the intervention or treatment plan. Services are provided to support her in her care of the children. But, her deficiency in mothering is frequently identified as the reason help is given in the first place. Mothers are blamed, their lives and lifestyles are examined and judged. The services provided are designed to improve mothers' parenting skills.

The client profile that emerges in the family preservation programs is no different from the larger child protection population as described by Swift (1991). The families that are referred to family preservation programs are predominantly single mothers, poor, and representative of minority groups. (Jones, 1985; Nelson, 1991; Yuan & Struckman-Johnson, 1991). My review of the files showed that 75% were supported by social assistance, and 56% of the families were led by single-mothers. Only 20% of the children lived with both their parents; the remaining 24% were being cared for by relatives.

The need to support families with intensive services

during periods of crises cannot be denied. However, the vulnerability of these families suggests to me a need for a wide range of support services on an ongoing basis. Is a crisis model of service well suited to the kinds of problems encountered by these families? Further, how can support be offered and received without undermining the mother's role, or contributing to her feelings of inadequacy? The experiences of the family support staff and their understanding of the problems that these families face will be examined in an attempt to answer these questions.

THE RESEARCH INTERVIEW

Interviewing is the key method for collecting data in this study. Burgess (1982 p.107) describes the unstructured interview as a conversation, or as he quotes Webb and Webb as saying in their 1932 publication: 'conversation with a purpose'. Establishing a comfortable, conversational tone with the informant, an environment in which she will feel at ease in responding to the questions is one of the first concerns of the interviewer. The unstructured interview is flexible in that new dimensions of an issue may surface; however, it is also a controlled conversation. Whyte (1982) describes the research interview as structured in terms of the research problem. While it 'is not fixed by predetermined questions, it is designed to provide the informant with freedom to introduce materials that were not anticipated by

the interviewer' (Whyte, p. 111). The researcher must focus her questions on the research problem, and must endeavour to elicit responses relevant to the research question, at the same time encouraging the informant to talk in her own terms. Listening with a keen and lively interest, rephrasing responses to ensure that meaning is understood, and interrupting or redirecting the 'conversation' gracefully in order to remain focused on the area under study are key techniques in interviewing. Respect for the interviewee and recognition of her special knowledge of the problem under investigation are fundamental to the process.

Directing the interview and listening actively are key elements in the research interview. It is clearly different from the social work interview. As Rossiter (1988) says, the research interviewer's job is to listen, not to intervene. For Rossiter, the work of interviewing is the activity of listening, listening as doing, listening to hear and understand what the respondents are saying. Arriving at an understanding of the subject's meaning is, nevertheless, complicated. This process includes not only the subject's experiences, but the researcher's as well.

The best informants are those who have first-hand experience in the subject under study (Burgess, 1982). The primary sources of data for this study are the family support staff. Their work experience, their inside knowledge of the program under study and the families it serves provide a

significant part of the data for analysis. The social worker has a Masters in Social Work. Of the family support workers, two were university graduates without professional social work education and the third a college graduate (CEGEP) in social services.

ANALYSIS OF THE DATA

Of the four indepth interviews, two were recorded and transcribed in full. Two of the interviews were not recorded at the request of the interviewees. Extensive notes of these were taken during the interviews and transcribed immediately. My observations and reactions were noted at that time. I began the content analysis after the first interview, by underlining common themes and ideas, and noting my reactions and thoughts about them. The interviews were done during a two week period; all of them took place in the agency's offices.

My line of enquiry followed two main themes: first, the crisis nature of the work and, second, the intrusive aspect of it, based on the intensity and frequency of contacts with the clients. I was skeptical about the crisis intervention model. My own experience in child protection, as a worker, a supervisor and a case reviewer led me to an understanding of the work as most often associated with long-term, chronic social problems, problems that begged for long-term solutions, frequently beyond the mandate or power of the front-line

worker. My interest in the intrusive aspect of the work is a reflection of the more traditional debate in child protection--how to develop a good working relationship with clients while combining the often conflicting roles of caring support and mandated authority at the same time.

Goldstein (1990) in an essay in which he describes social work as an art rather than a science, suggests that practice should inform theory. He believes that expertise and knowledge are derived not from a theoretical framework, but from listening to what clients are saying, that is, listening to their stories. He states:

...the self, as encountered in practice or any other social setting, is not a fixed object or an abstract category; it is always in the process of revealing itself through narrative. (p.50)

One can then begin to understand something of the human dilemmas faced by others. Both the subject's story and the researcher's--what they have selected from their memories and experiences as important and useful--and what that means to the researcher are understood as unique. But the knowledge that may come from this narrative allows for an interpretation of what is going on, what an individual's experience is within a particular social context (Goldstein, 1990).

Another crucial process in understanding what has been observed and stated is introspection--the researcher must be attentive to her own thoughts and feelings--thus incorporating personal ideas and values into the analysis of the findings.

My experience as a social worker in child protection, as a mother and as an educated, middle class woman--what I bring to the research--have an impact on my choice of issues to investigate, the kind of methodology I use and my analysis of the data. These are important considerations for understanding the type of research I am undertaking.

CHAPTER 3

FAMILY SUPPORT--A PART OF CHILD PROTECTION SERVICES

Callahan (1993, p.77) states in reference to child protection work: 'The social conditions are the background of the work. Individual behaviour and coping are the foreground.' This is true of family support work within the broader child welfare arena as well. The social and economic vulnerability of the families served are the context of the work. But the focus of the intervention is the individual parent or child or family--the work takes place between an individual worker and the client.

The goal of family preservation services might also be equated to the broader goal of child protection work--to ensure that children are safe in their own homes. While the goal is in keeping with the child protection mandate, the short-term, intensive nature of the service is vastly different from traditional practice, more often characterized by extended contact with high-risk families, frequently associated with long-standing problems of neglect. Understanding the nature of the crisis work, what families are selected for service and what family support workers do, are fundamental to gaining insight into the nature of this service. How different or special might the issues be that the workers in this program are addressing? How might such a model of intervention be applied to other families within the child protection system?

THE FAMILY SUPPORT PROGRAM

As indicated in Chapter 2, the family support program is one of several family preservation services within the agency which serves families whose children are assessed to be at risk for placement. The program is available to english-speaking families with pre-adolescents, living on the island of Montreal. Families are referred for one of two reasons. Firstly, there is an identified risk of the child's being placed without intensive intervention; secondly, for a child already in placement, successfully returning the child home depends on intensive work with the family.¹

Services are crisis-oriented and time-limited. Cases are primarily drawn from the existing child protection cases active with the agency. Workers who have responsibility for the youth protection mandate refer families once the placement risk is identified. A brief written referral is made to the program coordinator who makes the decision to accept the family for assessment. Once that decision is made the social worker in the program and one of the three family support workers visit the family for an assessment interview, this within two days of receiving the referral.

The goal of the intervention is broadly defined as

¹For most children the placement risk is associated with the quality of care in their own homes. These are the situations that are considered in this study. However, some children who are already in placement may be referred to family support services. They risk being replaced due to the threat of foster home breakdown or, successful return to their parents' home depends on intensive work with the family.

avoiding placement. The workers emphasize the intensive nature of the program, the home-based approach and the need for the family to accept the family support worker in their home as often as three times a week; the social worker, once every two weeks. A written contract is made during the first two or three visits, at which time the parents and the workers agree on the issues that will be addressed during the intervention. Services are initially contracted for three months. The possibility of extending the contract for an additional three months remains an option. For example, service may continue when families are assessed to be progressing well in a specific area. Almost all visits are made by appointment. However, a worker might make an unannounced visit if, for example, the family did not have a telephone and an appointment had to be changed.

The social worker in the program assumes responsibility for the youth protection mandate during the period of time the family is receiving family support services. For example, assessing new reports of neglect, arranging court proceedings if necessary and writing reports are among her responsibilities. In addition, she must prepare the case to be transferred back to the referring worker once the service is terminated. Her caseload averages about 15 families.

Each of the family support workers (two are full-time employees, the other is part-time) has responsibility for approximately four or five families at any given time. Their

visits last approximately one and one half to two hours. Workers maintain a flexible schedule--adapting their hours to the needs of the family, as much as possible. But they do not work on weekends, and are not on call outside of their established working hours. Although they share the youth protection mandate as employees of the youth protection agency, they do not assume legal responsibilities in this area. Their role is defined as providing support and teaching skills in parenting and child management, as well as offering concrete help and referral to existing community resources. They are, nevertheless, responsible for reporting new risk factors to the social worker and to the department of youth protection.

CRISIS INTERVENTION -- Illusion or reality?

Understanding the relevance of crisis intervention theory to family preservation practice begs the question: What is the nature of the crisis these families are experiencing? While the goal of the family support program is clearly defined as preventing or avoiding child placement, I wanted to understand the nature of the crisis--that is, how the workers defined the crisis when the work began with the family. In interviewing the staff I sought to find out whether or not they found the threat of placement precipitated a crisis in the family. Or, for that matter, was the threat of placement evident at all? The immediate response to referrals to the

program suggests a state of urgency. But do the workers perceive the family in crisis? Understanding the crisis is relevant in assessing the value of the crisis intervention model in this work.

Grigsby (1993) describes crisis intervention theory as the cornerstone of family preservation practice. Families are more open to outside intervention during periods of crisis than they are during periods of relative stability. The crisis opens a window of opportunity for change and leaves the family with new coping skills, skills that will enable them to function independently once the crisis has passed. Crisis theory poses that an immediate response to the crisis leads to a successful resolution within a brief time. However, as Barth argues (1990), it focuses on the coping skills that are necessary for everyday, ordinary people who are dealing with extraordinary circumstances or untenable situations in their lives. 'Precipitating events rather than predisposing environmental and personal factors; and...high risk situations rather than high-risk populations' are at the centre of crisis intervention theory (p. 90). Barth suggests that there is little evidence to support this theory when it is applied to families with multiple and long-standing problems so often associated with those families whose children are at risk of placement.

Crisis intervention theory assumes the ability of families to function independently once balance is restored.

But some families do not have the emotional, social and economic resources to maintain autonomy from state intervention. The parents' ability to care for their children may depend on sustained support from child protection services, perhaps even until their children are grown (Jones, Magura & Shyne, 1981; McGowan, 1990).

Research on crisis intervention does not, in fact inform us about the length of time that is needed to achieve a successful outcome in family preservation work (Barth, 1990). Barth suggests that the apparent success of short-term interventions as opposed to longer ones may be attributable to the unwillingness of workers to maintain their involvement with more difficult families, where change comes more slowly. More difficult families take longer and change less. Their motivation may be questioned if they fail to follow through with expected tasks. He further speculates that the assessment of the family's effort to resolve a crisis is dependent on the worker's interest in having the situation resolved.

Barth concludes that the evidence to support crisis intervention theory in family preservation practice is missing. Crises may present opportunities for change; on the other hand, crises may thwart the family's ability to accept intervention that would lead to new coping skills. All of their energy and resources may be needed to cope with the crisis itself.

UNDERSTANDING MEANINGS--CRISIS, MOTIVATION AND PARENTING

While many themes emerged from the data transcribed in the interviews, I have chosen to seek an understanding of three key concepts--crisis, motivation and parenting. The notion of crisis leading to motivation and opportunity to change parenting behaviour forms the crux of the theoretical underpinnings of family preservation practice. Therefore understanding these terms is essential to an analysis of the family support program. I asked the workers to describe the kinds of crises they dealt with in their work--what events or circumstances precipitated crises.

CRISIS

'Crisis means different things for different people.'

When the family support worker made this statement, I began to realize how frequently the word crisis is used in child protection work: The agency is **in crisis**. The system is **in crisis**. The emergency beds are full and the placement resources are **in crisis**. A worker is ill and a supervisor has **a crisis**. Families are referred to family preservation programs **in crisis**. A metaphor for many different people and situations. The Oxford dictionary defines crisis as a decisive moment, a time of acute danger or difficulty. But what does crisis mean when we talk about placement risk and family support services?

One worker² stated: 'Whose crisis is it? Is it the referring worker or the agency's crisis? Sometimes the family doesn't see any crisis at all. The worker is panicking.' Wanting to get rid of a difficult case, or hoping to gather evidence to support a placement plan may be reasons that a worker refers a family:

'Sometimes you get cases where the worker has had a hard time making a final decision, that maybe the child shouldn't be in this home...sometimes we turn out to be the bad ones...sometimes workers are just fed up--let someone else try to do something.'

Another worker described a situation in which a long and frustrating involvement with a family led to a referral to family support: 'Let's see if they (family support) can do something'. One worker said:

'We seldom see a big crisis. For example, the worker (referring worker) may be contemplating placement because of a long-standing problem and there's been no change. Something has to be done. That's more a worker's crisis.'

The responsibilities of child welfare work are daunting. The complex and crucial decisions workers and supervisors make about the safety of children, whether to leave them in risky situations or disrupt their lives by placing them provoke feelings of anxiety and doubt. If mistakes are made, children may die (Callahan, 1993).

Thus long-standing or chronic problems may be defined as crises by the referring worker. Anxious and overwhelmed by

²In order to protect the anonymity of the social worker, I have used 'worker' when quoting directly the social worker or one of the three family support workers.

the burden of taking responsibility for decisions around placement, a crisis surfaces for the worker and a referral is made. By defining a crisis, a worker can get a family referred for special services, can get a break herself and can be assured that she has done everything possible to provide the best service to a family. As one worker put it: 'They want to put all the effort...they want to say they put their 100% in to really help.' Although the case is most often returned to the referring worker once the family support services are ended, the worker has been relieved at least temporarily of responsibility. The program social worker has taken on the youth protection mandate.

When I asked the workers to describe the kinds of crises they deal with at the time of referral, they talked about 'a perpetual crisis' or 'a chronic problem' or 'children in difficulty'. Statements such as 'there's always a crisis' were made. Families with long-standing problems often associated with poverty and/or alcohol or substance abuse were described.

A typical crisis was related this way. The mother has chronic budgetary problems. She blows her welfare cheque within a day or two, doesn't pay her rent or buy food. The worker obviously worries about the mother not having enough food for the children. The mother had moved in the middle of the night to avoid paying her rent and changed her name to avoid being pursued by creditors. The agency had bailed her

out on several occasions and the children were, in fact, never placed. The worker's perception of a chronic state of crisis seems valid. However, as she reflected on these issues, she speculated on how her own middle-class values play a part in this assessment of risk to children. Somehow, this mother manages. Her life is precarious as viewed through the worker's middle-class lens. But her 'state of crisis' may also be viewed as normal for her. As another worker stated: 'These families are in perpetual, perpetual crisis. They define themselves in this way...they always seem off-balance.'

That their lives are characterized by crises which not infrequently arise from their inability to meet their basic needs, should not be surprising. Typically, families receiving family support services are poor. They may not have enough food to provide adequate meals for their children. The cost of their substandard housing may eat up a big part of their welfare cheque. One worker stated:

'Poverty is a very big issue. It seems to run through a lot of our families. You know...poverty really sucks. It brings you down. If you live in a hole, it's hard to get enough spirit up for other things...it's a worry of neglect. Their child has not been fed properly...the kids are cranky, they're crying, nothing's working. We can't talk about anything else if you don't have that (food).'

The worker recognizes the importance of meeting the basic needs of family members before other issues can be addressed. She went on to say:

'A big thing is isolation. They are really alone. Alone in the community, alone not having friends, alone not having a family that cares about them, not having support.'

At the centre of these narratives were adults in their roles as parents, particularly mothers who have a history of deprivation. Many suffer from low self-esteem and need nurturing themselves. 'They need building up, showing them the worth of what they're doing as a parent'. And further:

'You find parents who are very depressed and down on themselves and you have to build them up, because there's a lot of neediness there too. It's almost like nurturing the parent before you can do anything for the child.'

Thus, the absence of material resources, coupled with a lack of family or community support, are articulated as precipitants to family or individual crises that might result in risk of placement. This is the context of family support work in child protection. The parents' ability to provide good-enough care (Winnicott, 1984) for their children is compromised by social and environmental conditions often beyond their control. These families frequently are identified when the children are assessed to be neglected or when they present behaviour problems at home or in the community. The parents' behaviour and coping ability are the issues addressed in practice. The work begins with an assessment of their motivation. Are they willing to accept the service?

MOTIVATION

'Our work mainly depends on the availability of the family. Are they there?'

While crisis is ill-defined and ambiguous, what emerged during the interviews was the significance of the worker's assessment of the family's willingness to accept the unit's services. The client's presence, just being there for scheduled appointments, was identified as an important indicator of motivation. Conversely, if the statement from the client is clearly no--I don't want you--service is withdrawn. While the families have no choice about receiving services from the agency due to the youth protection mandate, they can refuse this particular service and continue their involvement with the regular worker. Their choosing to refuse may, however, result in the child's placement.

Placement risk:

The imminent risk of placement is thought to precipitate a family crisis--the potential disruption or breakdown of the family unit. Defining the risk of placement is complex and dependent on many factors. The availability of resources, community standards of adequate care, worker's judgment and agency policy are among them. Imminent placement risk is even more precariously defined. A placement is imminent only if a resource is immediately available. How many children are not placed because there is no suitable placement available? How can such risk be defined as imminent if placement can be delayed. As Tracy (1991, p.146) states:

No placement can be imminent...unless it can be secured immediately, and it is becoming increasingly difficult to locate appropriate placements in a timely manner.

Workers bring individual and professional values to the decision-making process regarding placement. Their assessment of risk, the facts they must gather to support the assessment in keeping with the legal mandate as well as the rights of both parents and children to be heard before the court are among the considerations. Other placements are imminent, particularly amongst adolescents, when parents refuse to keep the teenager at home or the adolescents themselves will accept no other alternative.

The social worker and family support worker respond to the referral by seeing the family for an assessment interview, at which time a decision is made with regard to accepting the family for service. The family's willingness to accept the intervention is essential to the family's being offered service from this program. Clearly, the parents must share the agency or worker's goal--avoiding the child's placement and keeping the family together.

Flexibility in terms of scheduling appointments is one criterion the workers identified with regard to assessing a family's motivation. During the initial assessment interview, appointments are arranged. When families set up obstacles during these early contacts, such as simply being unavailable, they are judged to be unmotivated. In one worker's view:

'When you're talking about such intensity, you really need cooperation. I can't keep going to someone's house always finding that they're not in.'

The worker's availability and flexibility are other dimensions of this assessment. The demands of seeing four or five families as many as three times a week each--families who may live in geographical areas distant from one another and from the agency--complicate the worker's agenda. Her working hours, personal and family commitments are other variables to be considered. The expectation that families be flexible is not surprising. Whether or not it is a fair judgment of motivation is, on the other hand, questionable.

Some families may accept service because they feel they have no choice. They do not want their child placed, but the threat of placement as presented by the referring worker precludes their refusing service. Resistance may also be understood as a will to maintain control of their own lives, and in such a context demonstrates their strength. Nevertheless, family support workers still express hope that such families will be engaged in a supportive and trusting relationship that will spark change and ultimately help them in their parenting. As one worker said: 'We try to bridge that gap, to smooth out the bumps.' Again, the family's being there, simply accepting the worker's presence in a superficial sense, is considered by this worker to be adequate motivation for her to make an effort to work with them. Motivation, then, cannot be defined, at least not at the outset, as

recognizing a problem or wanting to change behaviour or learning new coping techniques. Allowing someone into your home or, as one worker put it, allowing a worker to sit at your kitchen table in your family's territory, is defined as motivation.

But determining motivation is a multi-faceted process. While it begins with the family's even limited availability--being there for scheduled appointments--it is later defined by higher expectations. Are family members, primarily mothers, willing to try new things? The worker: 'When a mother says: I've tried that and it doesn't work, if they have that attitude and won't try anything, then we withdraw.'

This assessment period is particularly relevant for the social worker in the program due to the youth protection responsibilities she carries. The family support workers can withdraw from one family and pick up a new case almost immediately. The social worker, on the other hand, must deal with any issues related to risk to the child. The youth protection mandate remains her responsibility until the case is prepared for transfer back to the referring worker. Issues related to the demands a difficult family situation may place on her are likely to play a part in her assessment of the suitability of the case for the service, or may influence her assessment of the family's motivation.

PARENTING

Family support workers, while working in a context of social and environmental disadvantage, are primarily concerned about 'parenting' issues. They teach parenting skills. They model parenting behaviour. They use a variety of techniques from a repertoire of personal skills and professional training in their efforts to help parents provide better care to their children. Placement risk is generally associated with the behaviour of parents, how they care for their children physically and emotionally. However, parenting is a gender-neutral word that masks the underlying reality of mothers' caring for children. While fathers are not excluded, it is, with few exceptions, mothers who are present and mothers who are more likely to be responsible for the care of children. Understanding and probing the meaning of parenting, demands recognition of mother's work and responsibility in child care.

All of the workers talked about parenting--parenting issues, parenting tips, help with parenting, dealing with parenting. When questioned about whom they most often dealt with in the family, they all identified mothers. When fathers, partners or other family members are involved and have significant relationships with the children or with their mothers, efforts are made to engage them as participants in the program. But, overwhelmingly, it is mothers who are there to be taught how to parent.

Parenting in this context suggests an ideology rather

than a reality, an ideology based on a middle-class view of the family. Ideally, parenting responsibilities are shared by both mother and father. That mothers are doing the parenting almost exclusively is concealed by the words and metaphors used to describe this work (Braverman, 1991; Rosenberg, 1988; Rapp, 1982). In reality, parenting as described in family support is mother's work. Parenting means nurturing, feeding and clothing dependent children. It means caring about them and for them (Dally, 1988). It means protecting them from hazards in the home and community, teaching them new skills, comforting them when they are hurt, tending to them during illness, encouraging them when discouraged. It also means providing for them financially. It means being there.

For the workers in this program, parenting problems are most often manifested in the behaviour and appearance of children. For children who are identified as having behaviour problems, techniques and strategies are taught and modeled by the workers so that the parents can incorporate these techniques and thus manage the behaviour of their children better. When children appear poorly cared for in a physical sense, when they are dirty and poorly clothed, for example, parents are given concrete and specific tasks. The focus of intervention becomes, in essence, the teaching of 'parenting skills'. Family support assumes that mothers can learn new behaviour. 'We go in expecting them to change. You're doing something wrong as a mother.' The expectation

that mothers can do things differently has a double meaning. First, something is wrong with your present behaviour as a mother; but, I believe you can do better. It is devaluing and affirming at the same time. This contradictory message is germane to the work in family support.

'I think everyone wants help but not everyone wants to change. I'm not saying that the parent has been doing something bad or wrong. That's not my job. I'm not interested in pointing out blame on anyone. But if you've been having problems with your child you've got to look at how you're dealing with your child to that point, in terms of consequences, in terms of communication, affection, all those things.'

Common themes emerged during the interviews which facilitate an understanding of what family support workers do and how they go about teaching parenting skills. First, they have the opportunity to observe the family interactions at critical times during the day--times when mothers may be having particular difficulty managing their mother-work. They may help a mother organize her daily routine in order to manage her tasks more effectively. For some families, these may be very practical issues in which the worker sets out concrete, specific guidelines. For example, setting up a schedule for bed-time or homework, for ensuring that children are clean and fed, might help a mother organize her life in a way that makes her work more manageable and improves the quality of care she is providing. Many mothers, one worker said, have had chaotic upbringings themselves, and have had no models from their own childhood experiences upon which to

draw.

Child management is frequently identified as an area in which skills can be taught. Family support workers use a variety of techniques and strategies here. Behaviour modification, using behaviour charts and reward systems, is one of the methods used when mothers are experiencing difficulty setting limits and establishing boundaries.

'Basically with all of these families they're having trouble setting the boundaries for their kids in terms of discipline and consistency. You'll find the kids will ask for something repeatedly and mom has already said no...My role is to point out--"why do you think your child is still asking repeatedly? Do you sometimes give in?" I point out that of course he's going to keep asking because he never knows when mom might give in.'

Such interventions may seem simplistic. But for some mothers, who are overwhelmed and pre-occupied by the responsibilities of caring for their children, maintaining consistency may ease the stress they experience as parents. Thus, helping mothers set limits, establish boundaries and maintain consistency are the goals of such intervention.

Modeling behaviour is another method family support workers use. A worker may intervene by speaking to the child directly, intervening in order to demonstrate to the mother how she might do something differently.

'I model, show them ways that might work...get them to try and see how it works for them. I show them once or twice, then I say, I want to see you do it. Try it and learn something. It works or it doesn't work.'

The recognition by this worker that *it works or it doesn't work* is important. The teaching of parenting skills does not mean having the definitive solutions to all children's behaviour problems. Workers draw on a number of techniques but are clear in pointing out that they do not have the answers.

'I don't have the answers. You know your family best, but I'm on the outside looking in and I might see things, I might be able to provide something that will be of assistance to you.'

A solid knowledge base in child development, and through this knowledge, the ability to help parents understand what they can reasonably expect from their children is highly valued by these workers.

Many parents lack the concrete and instrumental resources to care for their children adequately. Their parenting ability is compromised by the lack of food, adequate clothing and decent housing. Workers in family support help families in this area by introducing them to community resources, such as food banks. Helping mothers who are short of food to develop the skills to find these resources are among the workers' activities. In reference to finding concrete resources, one worker said:

'I hold their hands. I expect them to do things for themselves, but I help them. The job is not to take over, but to have them take power themselves... not to do things for them, but to show them that they can do it themselves.'

Referring families to community resources that are, as one

worker said, considered normal and less stigmatizing--day care centres for young children, community centres for isolated mothers--are amongst the activities of family support staff. Supporting mothers in their negotiations with school professionals, landlords and welfare agents, among others is also part of their role.

Although the workers described these families as experiencing multiple social and environmental problems, it is the individual parent, most often the mother who is the focus of intervention. As Hutchison (1992) has articulated, a public problem is viewed as a private woe. Family support workers talk to mothers. They sit at their kitchen tables, as one worker said, and listen to their stories. While their focus is on parenting, child management, helping them to gain skills that will facilitate their ability to obtain food and other resources for their children, they also place high value on developing a supportive, trusting relationship with these mothers, all within the context of the child protection mandate. The contradictions in this two-sided role of support and child protection authority will be examined in the next chapter.

CHAPTER 4

THE WORKER/CLIENT RELATIONSHIP:

COMPLEXITIES, CONTRADICTIONS AND AMBIGUITIES

The worker-client relationship is often cited as an important factor in providing effective service. A good relationship is characterized by a high level of consensus between the worker and the client as to what the problems are and how to deal with them, particularly in the context of comprehensive and intensive service (Jones, Magura & Shyne, 1981).

In the family support program, the social worker and the three family support workers share a strong belief in the goal of the program--to avoid the child's placement. They believe that, whenever possible, children are better off in their own homes than in placement. For the client, the family is affirmed as being the preferred place for the child to be. Although the family and worker may have different views about the specific problems or how they are to be addressed, there is congruence between the worker, as a representative of the agency, and the client that the child should remain at home. This mutual understanding forms the basis for the relationship. However, this is not the sort of ideal and therapeutic relationship that is referred to in social work literature (Seabury, 1985). What's more, it is unlikely that such a relationship will be characterized by positive feelings particularly at the beginning, or that the client and worker

will like one another. Conflict and disagreement are to be expected. But as Seabury says; 'the essential characteristics of the relationship should be honesty and clarity.' (Seabury, 1985, p.336)

There are important differences between the role of the social worker and the role of the family support worker. While the social worker is bound by administrative responsibilities, the family support worker's tasks are almost all client-centred. Family support workers rarely write reports. With the exception of weekly team meetings--at which cases are discussed and plans made--and occasional case conferences, these workers are seeing families and working with them in the family's home. Further, the family support workers can withdraw their services from resistant families, or those who are assessed to be unwilling or unmotivated to work on the identified problems, immediately the decision is made. The social worker's withdrawal may be delayed, on the other hand, by administrative and practice issues. Like other social workers in the child protection agency, their mandate is clear--to ensure that children are safe. The family support worker's relationship with the client is not encumbered by administrative responsibilities.

As indicated in Chapter 3, the clients served in this program are assessed to be willing and motivated, to have goals consistent with the program's purpose. A written contract is drawn up between the worker and clients which

reflects these goals and mutually agreed upon solutions. The contract defines the work.

CONTRACTING

Contracting is not a new concept in social work. In keeping with the tendency to use contracting in social work practice, explicit contracts have emerged as a case management technique in family preservation practice, with particular attention to the time-limited, goal-centred approach. Clarifying the reasons for giving and receiving services, collaborating with clients in order to identify problems and find solutions, setting priorities and time limits and assessing progress are identified by Jones and her colleagues (1981) as the theoretical framework on which contracting is grounded. They suggest that this practice has become popular due to the concerns about the 'interminable nature of service to some families' (Jones et al, 1981, p.76). They further cite the frequent lack of parental participation in planning and the poor documentation of both successes and failures in practice as contributing to the trend toward contracting services. They go on to point out the weaknesses in contracting: workers must frequently deal with emergencies and unplanned events, and the changing situations of many families often make contracts obsolete soon after they are written. At best, contracts should be flexible and adaptable to the changing circumstances families find themselves in.

Some clients may sign contracts because they feel it is what is expected of them. Nevertheless contracting is viewed as a significant aspect of the work in the family support program and frames the relationship between the worker and client.

Believing in and having respect for the client:

The family support workers approach their work with the view that the mother knows best. They report making statements to the mother such as:

'You are the expert on your children.'

'I don't have the answers.'

Or posing a question such as:

'What do you think can be done?'

One worker described her initial work with a family as being 'on their terms' or 'as what they say is important'. As she said, 'we start where the client is'. These statements reflect the workers' belief in the client, their respect for the client's ability to both identify problems and find solutions themselves. A written contract is developed during this process. One worker referred to contracts this way:

'We're supposed to have a contract. It helps not only the client but ourselves focus on the issues we're working on and not get caught up in other things.'

But, she went on to describe the difficulty in adhering to the contract. Many families have so much going on in their lives. Things change from week to week. New problems emerge that demand attention and must be dealt with. The length of the contract, that is the standard three months, and the frequency

of the workers' visits appear to be the parts of the agreement most likely to be respected. The length of the contract can be extended for an additional three months if the family and the workers agree further service would be helpful. Regardless of their ability to adhere to a contract, workers have a strong belief in the clients' ability to identify problems. They believe their professional efforts are best used in addressing those issues chosen by a family as important. This belief is a manifestation of their respect for the client and is key to their establishing a positive working relationship. Might the strength of such relationships which are built up during only three months of contact justify continued involvement with some families in order to maintain the gains that have been made and prevent further problems or family crises in the future?

A RELATIONSHIP OF TRUST--AMBIGUITIES AND CONTRADICTIONS

Family support staff place a high value on a good working relationship with the clients they serve. Establishing a trusting relationship during the intensive, short-term contact is essential to their arriving at a successful outcome. Honesty and respect are key elements of that relationship. These values are particularly relevant with regard to the power and authority they represent as workers in the child protection service.

Their authority--as employees of the agency empowered to

make crucial decisions about the care of vulnerable children and entrusted with the responsibility of protecting them--is the flip-side of the supportive role by which their work is defined. They are family support workers. But the relationship they establish with the client family is developed within this context of caring and authority.

Child protection work is characterized by conflicting roles and complex issues. Callahan (1993) describes the complexities of role strain this way:

The contradictions are clear: save the child from harm but keep families together; police family performance yet support family strengths; satisfy personal and professional obligations for good practice yet deliver service within the mandate of the employing organization; work collaboratively yet bear the responsibility of that work individually. (Callahan, 1993, p. 84)

Callahan explains that contradictory roles are not distinct from one another, as they might appear. Workers carry out many different roles at the same time. The intensive nature of work in family preservation programs, in particular, is likely to lead to intimate knowledge of the family. Recognizing family strengths and identifying new risk factors may occur simultaneously. The contradictions are not discrete, but appear together or one after the other. Such contradictions contribute to the complexity of the work.

Ambiguities and contradictions in the roles of the agency and its workers, as agents of authority and as helpers, complicate the developing relationship between worker and

client. However, the working relationship or alliance between the family support team and the client began to emerge for me as a key element in defining the strength of the program. What the family support workers do, as described in Chapter 3--particularly the efforts made to empower the mother--seemed particularly significant in establishing a solid working alliance. I have developed an analysis of these ambiguities and contradictions which is divided into four themes, or categories:

a) The agency is empowered to intrude in the life of the family, to regulate its activities; but the client may view this intervention as welcome and helpful.

b) The services provided are mandatory, but the client's right to refuse is explicitly defined.

c) The worker's role is supportive; but she is bound to scrutinize and police parents' behaviour.

d) Finally the client's or mother's vulnerability in face of what must be enormous social problems and economic disadvantage cannot be considered without recognizing the strength and versatility she manifests in coping with her responsibilities.

These themes illustrate both the complexity of the agency-client relationship and the considerable energy and work involved in juggling the contradictory roles and expectations of family preservation work. Such an investment, I suggest, may be worthy of an extended commitment in order to

maintain hard-won gains and prevent future difficulties.

THE AGENCY--INTRUSIVE BUT WELCOME

The intervention of the state in family life occurs when children are found to be at risk, when their care is assessed by the child protection authorities to have fallen below a certain acceptable standard. Except for universal services such as education and health-care, society expects that families ought to manage without state intervention be it for emotional, social or instrumental support. State intervention implies failure on the part of the parents to meet their children's basic needs. Such services are necessary for only a small percentage of the population. In the family support program, the intensity and frequency of the visits--as many as three visits per week, each of one and one-half to two hours in duration--all taking place within the privacy of the family home, are intrusive, and exceptional.

While some families are threatened by this kind of involvement in their lives, others welcome it. Isolated families, that have few or no social supports, no one to listen to their concerns and no one to help them are likely to encourage the worker's visits. Still others see the agency as influential in dealing with authority figures such as police officers, landlords or welfare agents. Linda Gordon (1988) in her historical review of case records in a Boston child protection agency found that clients, mothers in particular,

were active participants in negotiating services with the agency. From their position of powerlessness within the family, they recognized the agency as a potential ally and source of support in improving their lives and in contributing to the well-being of their children. For Gordon, the notion of social control--the child protection agency empowered to intervene in and regulate family life, in keeping with the standards set by the larger community--obscures the significance of the relationship that often developed between the worker and the client, a relationship that flourished 'despite the bureaucratic, hierarchical and cultural obstacles' (Gordon, 1985, p.219).

One worker talked about the two sides of the issue this way:

'I always ask families--how do you think we can get out of your lives? I don't think you want me. I know I wouldn't want me. So let's be honest. How can we do it?'

She went on to say:

'But some families are quite comfortable. Their workers are the only real support they have.'

Her own values about the intrusive nature of the work are evident. She assumes families would prefer to be free of social services. How can I help? But, how can you get me out of your life? The contradiction of being there to help and the expectation, as seen by the worker, that it would be better for the client if she were not there is evident. The worker values the idea of the client's ability to manage

independently and autonomously, at least without state intervention in her life. Another worker described some clients as 'leery' and 'suspicious'. Others, she said, are relieved to have you there. 'There's someone to help out'.

For some families, professional intervention is better than nothing at all. The agency has the power to regulate and control; but, the client, the mother, may be able to use that power to her advantage. Some of her needs may be met in the process. Thus her choice, her decision to receive service, as well as the agency's legal mandate to ensure that her children are protected, must be considered together.

SERVICES--MANDATORY BUT CHOSEN

The working relationship between a worker and a client develops in this contradictory context. The perception of choice for the client is coloured by the consequences of refusing service--the possibility of the child's placement. While clients can refuse service, or be denied it based on their perceived unwillingness to cooperate with the service plan, as described in Chapter 3, the reality is that their choices are limited. For child protection clients, the agency is legally mandated to intervene in their lives and protect their children. The family support program is but an extension of that mandate, particularly for those parents who do not feel empowered to challenge authority. One worker presents herself to families this way: 'I have to be here

anyway, so let's see what we can do'. Other statements reflect the ambiguity and the conflicting message given when the voluntary aspect of the service is discussed:

'Even if it's court ordered, the family can refuse. The worker would have to go back to court and change the plan.'

'It's a voluntary program--no one is forced to accept it. But I'll be coming in three times a week at the beginning.'

'We do emphasize that there's a choice. We're trying to empower mothers to choose, to decide for themselves.'

Another worker, speculating on the words a mother might use in considering the element of choice, said:

'I can say no, but really I have no choice. If I don't accept service, you'll place my child.'

The ambiguities and contradictions in these statements suggest conflict within the workers themselves. Their status as employees of the child protection agency bestows on them certain authority. Yet their professional education and/or on-the-job training and experience have informed them of the client's right to self-determination. Social and environmental factors limit choice for the poor and oppressed generally. In the child protection arena, the worker **must** act authoritatively and often against the parents' wishes, when children are in danger. Dworkin states:

We value the client's independence and are educated to encourage it. If, however, the client is unable to meet these expectations, we have the options of exercising greater authority over the client or perhaps deciding that the client cannot be helped. (Dworkin, 1990,

Dworkin (1990) explains that these decisions are usually subject to administrative and court review. She describes the worker's role as a broker. She negotiates a middle road between what the community expects, from which the agency's mandate is derived, and what the client wants. While the worker's discretion is significant here, her authority is limited by administrative rules and regulations. The positions she must represent--the agency's, the client's and her own may not be easily reconciled.

Many clients of mandated services, such as those provided by child protection agencies are poor and representative of minority groups. Often they are involuntary clients, dependent on the agency from which the mandated services are given. They may submit to what is offered to them due to feelings of helplessness and powerlessness. At the same time, however, they may expect the agency's authority to be used in a directive and supportive way (Dworkin, 1990).

But the authority of the agency is only implied in the workers' statements. Their efforts to emphasize the voluntary nature of the program suggests their ambivalence about that authority and their hope that clients still feel they have a choice. They do not want to represent themselves as authority figures. And of course, the clients **do** have a choice. They can refuse service and risk having their child placed; they can flee the agency; they can take their chances in court.

Given such choices, the client's decision is made from a position of weakness rather than strength. Perhaps an illusion of choice is better than no choice at all.

Be that as it may, the relationship between worker and client is developed in this context of mandatory, but chosen services. The agency's power to intervene is understood by both parties. Thus the choice to accept or refuse the services offered by this particular program is at best ambiguous.

THE WORKER'S ROLE--SUPPORT BUT SCRUTINY

Family support workers are clear in defining their role in this program as supportive: 'We're here to support the family by all means.' One worker used the following metaphors to describe her supportive work with a family: 'I'm walking with them; holding hands; reaching out to show them the way'. Monitoring, policing, checking up, are all considered to be beyond the defined mandate of the service. But as indicated in Chapter 3, referring workers, sanctioned by the agency, may expect this sort of close scrutiny of the client based on their fears about the safety of children, their frustration at not having been able to achieve what was expected and the fatigue that comes from working with difficult families. The agency, too, may see these aspects of surveillance as necessary to ensure the safety of some children. Although the intent of the program is clearly defined as providing support

in the areas of parenting, behaviour management and instrumental help, as discussed in Chapter 3, policing, monitoring and, sometimes, informing creep into the work. The agency's mandate to protect children makes this inevitable. How these workers deal with it individually, and with respect to their relationships with clients, will be discussed here.

When I asked the family support workers if they ever felt they were there to gather evidence, one worker said:

'I would hate to feel used that way. But they (the clients) know that if there's a certain problem, if a child is being hit, there are certain things I have to report.'

This worker clearly rejects this role as defining her job. *She would hate to feel used that way.* Nevertheless, the responsibilities of working for a child protection service with children who are assessed to be at high-risk, and her special knowledge of the family may result in her having information that is available to no one else in the agency. Her relationship with the client is shaped by this reality.

She points out to her clients at the outset that she shares her observations about the family with her team, and that if, in her opinion, new risks emerge, she must report them to the department responsible for investigating such allegations. She is also careful to point out that the family's progress will be reported. A positive family assessment may result in early withdrawal from a family's life, and closure of the case. An honest, open and direct approach to these issues is considered essential to

establishing a positive and trusting relationship with the client. As one worker explained:

'I tell clients, if I'm concerned I have to report. I confront them, I try to be honest and up front. I'm showing respect. It's their right to know if I have to report something. It's not a comfortable thing to do, not my favourite thing, but I have to do it. I also have to see if they'll do something about it. Will they see the concern themselves?'

While identifying her discomfort with the role of informer, she also shows her respect for the client's right to know. She views this honesty as important and valuable in establishing a trusting relationship with the client. She also uses this disclosure of concern, and the client's response to it, to assess the family. Will the client recognize the concern herself?

Another worker put it this way:

'Yes I do have to report certain things. Sometimes I feel like a spy when I feel the family is hiding certain things...but I also point out I have to report improvement to dyp (department of youth protection); that we work collaboratively. But I have to say--There are certain things you can't do.'

The worker counters her responsibility to report the negative by stressing that she reports the positive things too. She further explained that she refers to the law, the Youth Protection Act, to support and defend her mandate to report. The law is clear in defining the responsibility of professionals to report risk factors.

One worker described herself as an 'observer'.
'Especially during the assessment, I try to just be there,

unobtrusive and see how they interact'. Another worker said:

'The important part is we're in the home. It's not like being in the office. We do see a lot of differences...how the home is kept, what is happening with the family here and now...Eventually they get quite comfortable with you.'

Thus, the close contact with the family which enables workers to nurture, support and teach parents, often results in 'finding out things'. Workers, concerned that they will divulge too much, and then regret it later, sometimes respond by saying--'you don't have to tell me that now'. They value an honest, open relationship of trust with their clients, and recognize this as being crucial to their ability to facilitate change in the family.

THE CLIENT--VULNERABLE BUT STRONG

Workers recognize the enormous difficulties faced by families in caring for their children. Most are poor, their incomes limited to social assistance. Their housing is often both inadequate and costly. One worker pointed out that many families pay half their welfare income in rent. Poverty alone limits their ability to care for their children adequately. Often, their basic needs for food cannot be met without seeking additional help from charitable organizations such as food banks. They also face other obstacles. Alcohol and/or substance abuse and family violence are commonly identified as factors that contribute to their children's risk.

Coping with such difficulties, making an effort to do the

best possible are recognized as strengths. Such an approach views the client as 'representative of a population adversely affected by social problems' (Grigsby, 1993 p.24). One worker said in reference to the extreme poverty one of her families experiences:

'Look what they're able to go through. Poverty really makes it tough. They don't have enough money, surviving on welfare, living in a crummy place...They're coping with so many things.'

And in reference to another mother who had a large debt:

'She's dealing with it. She's trying to figure out what she's going to do. She has real strength.'

The vulnerability of families who are receiving family support services is apparent. Many also feel personally responsible for their difficulties. One worker, while generalizing about the kinds of families she has come to know in this program, referred to their low self-esteem, sense of guilt and self-blame. 'There's a lot of shame--they've been reported.' They feel they're failing, and they need 'nurturing' and 'building up'. 'We need to show them the worth of what they're doing as a parent.'

Her efforts focus on the positives. She shows them the way, but she tries to empower them to take charge of things they are able to do themselves. Another worker made a similar comment:

'I may call around to get a number of resources, but I give the information to them, so that they're taking control of their own lives. It's important to let them know there are resources out there that can help them. They can see what's available for them.'

Showing them the way, challenging them to develop skills that will empower them to find and use available resources are among the methods workers choose to help their clients develop new coping abilities. While the larger issues of poverty and disadvantage remain, mothers who can learn these skills are likely to manage the care of their children better. However, managing better will also mean the special support received from the family support team will be cut off. She will have learned how to care for her children well enough without it.

As Swift (1991) points out, the child welfare mandate does not include protecting children from poverty. It addresses the individual responsibility of parents, particularly mothers. It addresses the behaviour and coping abilities of poor, single mothers, as they compare to an ideology of the family--a middle-class family, with both parents present in the home--the father, breadwinner; the mother, responsible for child care. Rapp (1982) suggests that the ideology of the middle-class family is the perspective by which all other families are viewed. Decisions and judgments about what is acceptable behaviour for poor families are based on middle-class values. As this worker said:

'We're there imposing a middle-class view--lots of them (the families) are okay, they turn out okay, the children are more or less cared for.'

Another family was described as having very poor standards of cleanliness. But even though the children were always dirty and smelly, the family showed skills the worker

valued:

'...they have some very high social skills. I feel eating together is something a lot of families in the '90s have lost and these people have that. They may not be able to keep their kids clean but they can sit down together and talk together. It's a real strength.'

She is able to identify behaviour she sees as important, beyond the more concretely observed indicators of risk-- cleanliness and hygiene, or lack of them. The quality of the family life may be obscured by such factors.

In summary, the worker-client relationship is characterized by ambiguities and contradictions. This reflects the nature of the work itself. An effective working relationship based on honest, respectful communication must be developed within the limitations that these contradictions impose. The approach used by the staff in the family support program demonstrates respect, honesty and empathy, all key to their establishing a trusting relationship within this ambiguous context. For some families, this relationship and the support it brings may mean the difference to their being able to maintain an acceptable standard of care for their children. More permeable boundaries, as Jones (1985) suggests, and less restrictive criteria for the program would enable these families to benefit from continued, but less-intensive service, and possibly prevent further risk to their children.

CONCLUSION

SUMMARY OF KEY FINDINGS

In undertaking this study, I sought to gain an understanding of the nature of family support work with high-risk families. An examination of the crisis nature of the work suggests that many of the child protection families served by this program have long-standing problems, often associated with poverty. Their lives are characterized by crises. However, an explicitly defined crisis that might be quickly resolved was not evident. Families appear to experience multiple problems in the care of their children.

Although the crisis nature of this work remains ambiguous and the placement risk is not always clearly defined, it appears that the success of the intensive, short-term involvement of the family support team is built on the working relationship that develops between the worker and the client. It appears, at least from the workers' perspective, that their contradictory roles of supporting and policing can be managed within a relationship of trust. Without exception all of the workers spoke about their clients with respect and empathy.

With regard to the intrusive nature of the involvement, the family support staff highlighted the importance of developing an honest and respectful relationship with their clients. Although they may not be entirely comfortable with the authority they represent, they are honest and forthright about their responsibilities in this area. Their involvement

with the family is short, but the frequency of their contacts in the family home enhances their understanding of the kinds of issues these families confront. Their observations of and experiences with the family, both in terms of family relationships and the physical environment are likely to result in a deeper understanding of the family's life. The more they are there to see, the more they understand. Their increased empathy contributes to the strengthening of the worker/client relationship.

The number of families who can be served in this family support program is restricted by the relatively small staff and limited budget. The criteria for admission are established to provide service to those families who are most likely to benefit from the intensive involvement. The concept of motivation as described here must be considered in this context--service is limited to a very few families. Only those families who are compliant are given service. Motivation, defined as compliance with the program goals and with the methods used, can be viewed as a means of allocating limited resources. Resistant families require time and effort that are not available in this service. Such is the reality of the family support program. A program with restrictive criteria for entrance can afford the luxury of choosing those families who are judged to be most likely to benefit from it. Scarce resources, like those available in the family support program are discretionary.

The attention to parenting and the resulting emphasis on individual responsibility for it, indicate that these services, although intensive and short-term, remain embedded in the traditional approach to child protection services--that is, solutions are most often sought in changing or correcting the behaviour of parents towards their children. Although the social and environmental conditions are identified as compromising their ability to care for their youngsters and efforts are made to relieve these stresses by seeking available resources, such conditions are beyond the mandate of the service. Still, from the workers' point of view, many parents in the program seem able to learn new skills that may serve them well as they confront these social and financial problems. They are judged to be committed to improving the quality of care they give their children. In addition, they tolerate the intrusion and are willing to risk the agency's having increased knowledge of their lives. Most are involuntary clients, their choices limited.

IMPLICATIONS FOR PRACTICE AND POLICY

Family preservation services reflect an ideology in child welfare policy--that children should remain in their own homes whenever possible. Few would argue against the philosophy of such family preservation programs. Keeping families together, relieving risk to children and enhancing family life incorporate values to which all of us who are concerned about

the welfare of children ascribe. In addition, family preservation encompasses a view that society has a responsibility to help families in the care of their children, that families are not expected to do this alone. However, the sparse resources available in this area suggest that real prevention cannot be carried out in practice. These kinds of services have limited availability. The policy and practice to sustain family life falter when agencies attempt to find solutions for children who are likely at the greatest risk.

In considering the restrictive nature of this service, two issues surface. First, some families may need longer-term intervention in order to maintain an adequate level of care for their children. For such families more flexible criteria for extending and adapting services to meet those needs are in order. Secondly, the high-risk families who are not accepted for service, or who refuse it are particularly vulnerable. Existing family support services cannot address the risk to children in such families.

By definition, a program identified as crisis intervention, limits longer-term involvement. However, the crises are not clearly defined. Certainly, the intensive involvement is an extraordinary response for most families who receive services from a public agency. However, I suggest that this kind of support may be equally effective in the absence of crises. Families who are coping with multiple problems associated with poverty and social isolation are

likely to be strengthened by the involvement of this program.

It appears that the most vulnerable families, whose lives are complicated by poverty, violence and substance abuse and who either reject service or are considered unmotivated or unwilling to accept it, remain in the mainstream of child protection service. Until additional resources are made available and new programs are developed, the more-traditional interventions, including child placement are likely to be the only ways in which children in such families **can** be protected. A family support program with limited staff and a limited mandate, such as the one described here, cannot address the problems of those families and the children who are quite likely, the most vulnerable. Truly preventive services must address the broader issues of child welfare like the social and economic impoverishment of such families.

Consequently, those who remain in the mainstream of child protection service are likely to be the most disadvantaged, their children most in need of services. Alcohol- and drug-addicted parents cannot address the needs of their children without having first begun to deal with their dependencies. Some mothers are physically or emotionally abused by their partners. Women who are victims of abuse may not be mindful of their children's needs until the violence against them has been addressed and their own safety assured. Such difficulties are representative of the stories that emerged when workers talked about their ability to address the

parenting issues. For these workers, having to withdraw service from such families is inevitable. The irony is obvious. These parents, whose children are the most vulnerable will, in the end, receive less support.

Haapala, Pecora and Fraser (1991) have cautioned against restrictions that limit service to vulnerable families. They suggest that new models of intervention must be developed in order to help the most difficult families. They believe that attention ought to be given to refining service rather than limiting the populations served. They say:

If we collectively start limiting the kinds of clients who are eligible for this program because we are afraid that they will fail, then we may defeat one of the original purposes of this type of service: to serve the most difficult families who have children in danger of out-of-home placement. (p.306)

Perhaps we are afraid of failing ourselves. Add to this the demands on workers of intense involvement with extremely difficult, sometimes-violent and threatening families and finally, the limited financial resources available in the field of child welfare, and we can begin to understand the obstacles to broadening the scope of family preservation services.

Family problems are complex and cannot be readily packaged in order to slot clients neatly into existing programs. Events unfold unpredictably. Life events, personal resources, environmental and social conditions all contribute to arriving at an understanding of the family's problem. How

families manage ultimately depends on their ability to draw on resources from their network of kin, their community and the social services available to them. Programs must be adaptable to the ambiguities of family life, to the grey areas that are part of it. Attempts to make clients fit into existing programs are likely to serve only the program.

IMPLICATIONS FOR RESEARCH

There has been extensive research (some cited in the opening chapter) on the effectiveness of family preservation services in the recent past, most often quantitative studies. The limitations of these studies, particularly with regard to attempts to do follow-up with families after services are terminated, are identified (Haapala et al, 1991). Many point to the cost effectiveness of family preservation services when compared to the costs of placement. Success, when associated with preventing placement and maintaining high-risk children in their own homes is variously reported. Children remained in their own homes between 50% and 90% of the time within one year of service terminating (Nelson, 1991). (It should also be noted that the family support program described here has a high rate of success. Of the 45 case files examined for this study only four children were placed.)

However, such research findings tell us little about what is involved in the work. Nor do they inform us about what it is like for clients as recipients of the service (Haapala et

al, 1991).

It is particularly important in the study of family preservation programs to listen to the stories of the clients who are helped or not helped by these services, as the case may be. In order to better understand them and learn how to work with them more effectively, we must allow their voices to be heard. Efforts can then be made to match services with the needs these clients identify. A qualitative study of clients with a view to understanding their perspectives would enrich the knowledge base of family preservation practice.

However, my findings also point to the obvious dilemma of how to serve families who are not so amenable to service, who resist intervention and whose children remain at high-risk.

Those clients who are given service represent a small part of the agency's protection caseload. Among the families excluded from this program are those who may be experiencing even more serious problems, often associated with alcohol and drug abuse, family violence and extreme poverty. Before such issues are addressed in these families, family preservation work with its focus on parenting issues cannot be considered.

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